

THE STATE OF NEW HAMPSHIRE
JUDICIAL BRANCH
<http://www.courts.state.nh.us>

Court Name: _____
Case Name: _____
Case Number: _____
(if known)

FINE PAYMENT FINANCIAL AFFIDAVIT

Name: _____

Address: _____

Telephone #: H: _____ W: _____ C: _____

Date of Birth: _____ Age: _____

Marital Status: ☐ Single ☐ Married ☐ Divorced ☐ Separated

List all dependents you currently support, including your spouse, or any other persons who reside with you (name, relationship, date of birth, and address if different from your own).

A. _____ C. _____
B. _____ D. _____

1. Available Money

SELF (A)

**SPOUSE/ADULT IN
HOUSEHOLD (B)**

a. Cash on hand	\$ _____	\$ _____
b. Checking account	\$ _____	\$ _____
Bank name: _____		
c. Savings account	\$ _____	\$ _____
Bank name: _____		
d. Credit cards (list the balance):		
VISA: _____	\$ (_____)	\$ (_____)
Mastercard: _____	\$ (_____)	\$ (_____)
Other: _____	\$ (_____)	\$ (_____)
Available credit on credit cards	\$ _____	\$ _____
e. Stocks, Bonds, Trusts, CDs, Other	\$ _____	\$ _____
f. Christmas Club	\$ _____	\$ _____
g. Other _____	\$ _____	\$ _____
TOTAL (1)	\$ _____	\$ _____
	(1A)	(1B)

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2. Monthly Income

(To convert weekly income to monthly, multiply by 4.333)

SELF (A)

**SPOUSE/ADULT IN
HOUSEHOLD (B)**

a. Wages - Take Home Pay	\$ _____	\$ _____
b. Commissions, Bonuses, Tips	\$ _____	\$ _____
c. Unemployment compensation ***	\$ _____	\$ _____
d. Veteran's Benefits ***	\$ _____	\$ _____
e. Social Security, Pension, Disability, etc. ***	\$ _____	\$ _____
f. Workmen's compensation ***	\$ _____	\$ _____
g. Alimony or Child Support received ***	\$ _____	\$ _____
h. Interest and Dividends Income	\$ _____	\$ _____
i. Public assistance/Welfare received ***	\$ _____	\$ _____
j. Rental Income	\$ _____	\$ _____
k. Other _____	\$ _____	\$ _____
TOTAL (2)	\$ _____ (2A)	\$ _____ (2B)

A. TOTAL CASH AVAILABLE & MONTHLY INCOME: \$ _____ (1A & 2A) \$ _____ (1B & 2B)

Employment

SELF (A)

**SPOUSE/ADULT IN
HOUSEHOLD (B)**

a. Employer	_____	_____
b. Address	_____	_____
c. Phone number	_____	_____
d. Hours per week	_____ <input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> Seasonal	_____ <input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> Seasonal

If presently unemployed, state the name and address of your last employer and date(s) of employment.

a. Employer	_____	Reason for unemployment:
b. Address	_____	_____
c. Phone number	_____	_____
d. Hours per week	_____ <input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> Seasonal	

If you have no present income, state how you meet your expenses:

Dependency Status

Are you claimed as an exemption on anyone else's income tax form: ☐ Yes ☐ No

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FINE PAYMENT FINANCIAL AFFIDAVIT

3. Assets

1. Property (Use Fair Market Value for all amounts listed)

Do you own a house or other real estate? ☐ Yes (If yes list) ☐ No

Market Value \$ _____ Mortgage Owed \$ _____

Mortgage Held By _____

Market Value \$ _____ Mortgage Owed \$ _____

Mortgage Held By _____

2. Motor Vehicles (autos, trucks, recreational vehicles ,boats, motorcycles, trailers, etc.)

Make _____ Model _____ Year _____

Market Value \$ _____ Amount Owed \$ _____

Title Holder _____

Make _____ Model _____ Year _____

Market Value \$ _____ Amount Owed \$ _____

Title Holder _____

3. Do you own any other property that is jointly owned with any other person or entity?

☐ Yes (If yes list) ☐ No

Market Value \$ _____ Mortgage Owed \$ _____

Mortgage Held by _____

4. Sale/Transfer

Have you sold or transferred any real estate or personal property worth \$200.00 or more within the last six months? ☐ Yes (If yes list) ☐ No

Item _____ Value \$ _____

Date of Sale _____ Buyer's Name _____

Amount Received in Sale or Transfer \$ _____

Item _____ Value \$ _____

Date of Sale _____ Buyer's Name _____

Amount Received in Sale or Transfer \$ _____

4. Money Owed to You

Does anyone owe you money? ☐ Yes (If yes list) ☐ No

Who owes you money? _____ Amount owed \$ _____

When do you expect to be paid? _____

Who owes you money? _____ Amount owed \$ _____

When do you expect to be paid? _____

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Are you the beneficiary of any estate or trust? ☐ Yes (if yes list) ☐ No

What is the value? \$ _____ When do you expect to receive it? _____

List trustee/fiduciary name and address _____

What is the value? \$ _____ When do you expect to receive it? _____

List trustee/fiduciary name and address _____

List income taxes paid last year: \$ _____

List income tax refund received last year: \$ _____

5. Monthly Expenses

(To convert weekly income to monthly, multiply by 4.333)

<u>1. Housing</u>	<u>6. General and Personal</u>
a. Rent/Mortgage Payment \$ _____	a. Groceries/Toiletries \$ _____
b. Property Tax \$ _____	b. Meals Eaten Out \$ _____
c. Condo Fee \$ _____	c. Tobacco/Alcohol \$ _____
d. Maintenance/Improvements \$ _____	d. Clothing/Shoes \$ _____
e. Snow Removal/Lawn Care \$ _____	e. Hair Care/Cosmetics \$ _____
f. Other _____ \$ _____	f. Pet Food and Care \$ _____
<u>2. Utilities</u>	g. Church/Charities \$ _____
a. Heating Oil \$ _____	h. Laundry/Dry Cleaning \$ _____
b. Wood and Coal \$ _____	i. Gifts \$ _____
c. Propane/Natural Gas \$ _____	j. Newspapers/Magazine \$ _____
d. Telephone \$ _____	k. Education (personal) \$ _____
e. Electricity \$ _____	l. Dues/Memberships \$ _____
f. Cable Television \$ _____	m. Vacations \$ _____
g. Internet \$ _____	n. Entertainment/Recreation \$ _____
h. Water and Sewer \$ _____	o. Visitation Expenses \$ _____
i. Trash Collection \$ _____	p. Cellular Telephone(s) \$ _____
j. Other _____ \$ _____	q. Other _____ \$ _____
<u>3. Insurance</u>	<u>7. Children's Expenses and Activities</u>
a. Homeowner \$ _____	a. Clothing and Shoes \$ _____
b. Renter \$ _____	b. Diapers \$ _____
c. Vehicle \$ _____	c. Day Care \$ _____
d. Health \$ _____	d. School Supplies \$ _____
e. Dental \$ _____	e. School Lunches \$ _____
f. Disability \$ _____	f. Tuition and Lessons \$ _____
g. Life \$ _____	g. Sports/Camps \$ _____
h. Other _____ \$ _____	h. Other _____ \$ _____

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4. Uninsured Health Care

a. Medical \$ _____
b. Dental \$ _____
c. Orthodontic \$ _____
d. Eye care/Glasses/Contacts \$ _____
e. Prescription drugs \$ _____
f. Therapy/Counseling \$ _____
g. Other _____ \$ _____

8. Financial

a. Federal Income tax \$ _____
b. Social Security/Medicare \$ _____
c. Loan payments \$ _____
d. Education loan \$ _____
e. 401(k) / IRA \$ _____
f. IRA \$ _____
g. Other _____ \$ _____

5. Transportation

a. Primary Vehicle Payment \$ _____
b. Other Vehicle Payments \$ _____
c. Vehicle Maintenance \$ _____
d. Gas/Oil \$ _____
e. Registration fees \$ _____
f. Other _____ \$ _____

9. Other Expenses

(List only those payments made on a regular basis)
(DO NOT list any payments already listed elsewhere. e.g. rent, utilities, etc)
a. _____ \$ _____
b. _____ \$ _____
c. _____ \$ _____
d. _____ \$ _____
e. _____ \$ _____
f. _____ \$ _____

B. TOTAL MONTHLY EXPENSES (1-9) \$ _____

Financial Resources available : transfer figures from A & B to calculate amount:

A. Total cash and monthly income: \$ _____

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B. Total monthly expenses: \$ _____

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BALANCE: \$ _____

Note: Some sources of income are protected from federal and state law from execution, levy, attachment or garnishment. If any sources of your income fall into these categories, the court will determine whether or not you will be required to pay a civil judgment. You may be ordered by the court to use some of this income to pay taxes, child support, restitution and criminal fines.

I understand that it is my responsibility to notify the court in writing of any change of my address and/or financial circumstances.

I swear (affirm) under penalties of law that to the best of my knowledge and belief the foregoing information is correct and complete.

Date

Signature